ROP Program Area Assessments

An assessment was performed in each of the four key program areas of the Reactor Oversight Process (ROP): performance indicators (PIs), inspection, the significance determination process (SDP), and assessment. These assessments were performed in accordance with Inspection Manual Chapter (IMC) 0307, "Reactor Oversight Process Self-Assessment Program." In each of the four program areas, the staff used self-assessment metrics and other pertinent information to provide insights regarding the effectiveness of the ROP in supporting the Nuclear Regulatory Commission (NRC) strategic goals of maintaining safety, enhancing public confidence, making regulatory activities more effective, efficient, and realistic, and reducing unnecessary regulatory burden. The self-assessment metrics also provide insights regarding the success of the ROP in fulfilling the regulatory principles of being predictable, understandable, objective, and risk-informed. The staff also obtained input from internal stakeholders by conducting an anonymous survey, and through counterpart meetings, focus groups, and the internal feedback process. External feedback was obtained by an *Federal Register* notice (FRN) solicitation for comments and through periodic meetings with the industry and other forums.

Based on the metric results, stakeholder feedback, and other lessons learned, the staff identified certain issues and actions in the key program areas of PIs, inspection, SDP, and assessment as discussed below.

Performance Indicator Program

In SECY-02-0062, "Calendar Year 2001 Reactor Oversight Process Self Assessment," the staff described the status and its assessment of the ROP Performance Indicator Program during the second year of full implementation. The staff discussed improvements in the calculation and display of the Safety System Unavailability (SSU) indicators that were incorporated into Nuclear Energy Institute (NEI) 99-02, Revision 2, "Regulatory Assessment Performance Indicator Guideline." The staff noted that anticipated improvements to the Unplanned Power Change (UPC) indicator had been put on hold to focus on more pressing issues. In addition, anticipated improvements to the physical protection cornerstone indicators had also been delayed pending a thorough review of the safeguards program in response to the events of September 11, 2001. During the calendar year (CY) 2001 assessment, all PI self-assessment metrics were met and the majority of comments received from the internal feedback and external surveys were positive.

During the third year of ROP implementation, the staff devoted significant resources to an intensive effort with industry to develop indicators that are more risk-informed as replacements for the SSU indicators. As a result of this effort, the staff developed and began piloting the Mitigating Systems Performance Index (MSPI). The MSPI comprises SSU indicators for five distinct systems: the four systems currently monitored by the PI Program (emergency ac power, high-pressure injection, high-pressure heat removal, and residual heat removal), plus an additional indicator of the cooling water support systems for the other four monitored systems (the component cooling water and service water systems or their equivalents). Each indicator is the sum of two numbers, one that represents an estimate of the core damage frequency (CDF) due to system unavailability and the other that represents an estimate of the CDF due to

system unreliability. While the thresholds are set generically, the indicators are plant-specific because individual plant models are used to calculate the CDFs. For the plants participating in the pilot program, the staff used the Simplified Plant Analysis Risk (SPAR) models developed by the Office of Nuclear Regulatory Research (RES) to confirm the licensees' calculations. The pilot program to test the MSPI began in September 2002, and the six-month data collection phase ended with the final submission in March 2003. Although the results are currently being evaluated by the staff, it is apparent that the pilot program is identifying a number of challenging issues that will need to be resolved before deciding on implementation of the MSPI.

During the past year the staff also began developing proposed changes to simplify and clarify a number of other indicators that have generated many questions from stakeholders. These indicators include Scrams with Loss of Normal Heat Removal, Unplanned Power Changes (UPCs), Safety System Functional Failures, and Reactor Coolant System (RCS) activity and RCS leakage. For example, some internal stakeholders are concerned that unplanned power changes can be affected by Notifications of Enforcement Discretion (NOEDs), yet NOEDs that are granted to avert a shutdown are not currently captured by the UPC PI. Upon completion of the MSPI pilot program, the staff will work with stakeholders through public meetings to further develop and potentially pilot additional PI changes.

As part of the effort to minimize differences in reporting, the Institute of Nuclear Power Operations (INPO) and the World Association of Nuclear Operators (WANO) have been represented at the MSPI public meetings. They have committed to attempt to be consistent with the NRC's program to the extent they are able, given their international membership. In addition, the NRC staff has worked closely with INPO on the Consolidated Data Entry program to develop a single database for the reporting of all data required by the NRC, INPO, and WANO.

The responses to the internal ROP survey revealed that most of those who participated in the survey believe that the ROP performance indicators (1) provide useful information, (2) are clearly defined, (3) are understandable, (4) provide appropriate overlap with the inspection program, and (5) help to maintain safety. However, most respondents disagreed or were unable to answer that the indicators enhance public confidence and that the indicators provide an adequate indication of declining safety. These results demonstrate that, while the ROP PI Program provides useful information, a majority of the respondents do not have confidence that the program is effective at identifying declining performance or that it enhances public confidence.

The responses to the external survey disclosed that the public and the nuclear industry have opposing views of the efficiency and effectiveness of the ROP performance indicators. The industry respondents generally stated that the indicators are efficient and effective, with a few problems that are being addressed through the MSPI and other initiatives. Respondents representing public interest groups believed that, because licensees work to ensure all indicators are green, the indicators are lagging and have become ineffective at identifying significant performance problems. This negative perception resulted in one of the ROP PI self-assessment metrics not being met; to minimize the potential for licensees' actions taken in response to the performance indicator program that adversely impact plant safety. As discussed above, industry respondents to the external survey generally had positive comments. However, public interest group perceptions were that the PIs were not identifying significant issues and were giving the industry and the NRC a false sense of security. To address these concerns, the staff plans to

enhance the barrier integrity PIs to better detect unidentified leakage as recommended by the Davis-Besse Lessons Learned Task Force (DBLLTF), and is currently evaluating the need and feasibility for a public workshop in CY 2003 to address several of the common concerns noted by both the internal and external stakeholders. All other PI self-assessment metrics met their established criteria or goals in CY 2002.

Although the PI Program continues to provide the NRC with an objective source of information regarding licensee performance, there are concerns about some of the indicators regarding their ability to enhance public confidence and to be efficient and effective. For example, the DBLLTF recommended the need to enhance the barrier integrity PIs to better detect unidentified leakage. The staff plans to continue to work with internal and external stakeholders to address these concerns in the fourth year of the ROP.

Inspection Program

In SECY-02-0062, the staff provided an assessment of the inspection program based on the second year of ROP implementation. The staff conducted an in-depth review of each principle procedure and its attachments to identify needed improvements based upon lessons learned. As a result, the staff changed the frequency of the team inspection of licensees' problem identification and resolution (PI&R) processes from annual to biennial, and added a number of focused PI&R evaluations between the biennial inspections to allow a more continuous sampling of the licensee's corrective action process. The staff also initiated changes to revise the focus of the maintenance rule inspection to emphasize overall effectiveness of maintenance, and added specific inspection requirements to the in-service inspection procedure to evaluate the effectiveness of licensees' programs for testing steam generator tubes. The staff also made less significant modifications to most of the other baseline inspection procedures and attachments. A more complete listing of previous issues and details concerning the staff's actions is contained in Attachment 2.

The staff performed an annual review of each baseline inspection procedure and its attachments to identify needed improvements based on insights gained during the past year of ROP implementation. This review consisted of looking at inspection results from implementing the procedure, feedback received from the regions, and the resources used to implement the procedure. This review was not done for the physical protection portion of the ROP because a temporary instruction (TI) to inspect the Safeguards Interim Compensatory Measures replaced the baseline program in CY 2002 as described below. Based on this review, no major changes were made to the inspection program, although some minor revisions were made (e.g., several ROP procedures were revised to adjust resource estimates and level of effort and to provide a sample size band for more inspection flexibility). The staff will continue to monitor the effectiveness of program implementation and make revisions based on feedback from the regions and other stakeholders. The staff will also continue to implement the recommendations of the Efficiency Focus Group as discussed in the ROP resources section of this paper. Revisions based on recommendations from the DBLLTF are currently being developed and will also be made as appropriate. The recommendations include changes to the inspection program to provide for better follow-up for longstanding issues and the development of specific guidance to inspect boric acid control programs and vessel head penetration nozzles.

The quantity of feedback forms received from internal stakeholders for the ROP has diminished from 188 feedback forms for FY 2001 to 103 feedback forms for FY 2002. No major areas for change in the ROP were identified from the feedback process. However, feedback from internal stakeholders has indicated that further enhancements to the ROP feedback process are warranted, and the staff intends to address this in CY 2003. The issues identified in the past year's implementation relating to inspection report documentation requirements have been addressed with the issuance of IMC 0612, "Power Reactor Inspection Reports." A sample inspection report was drafted and issued for regional comment, and will be incorporated into IMC 0612 early this year.

In the strategic performance area of safeguards, the staff concluded that the inspections conducted pursuant to TI 2515/148, "Inspection of Nuclear Reactor Safeguards Interim Compensatory Measures," were sufficiently scoped to replace the baseline inspection requirements of Inspection Procedure (IP) 71130, "Physical Protection." The staff informed the Commission of this determination in SECY-02-0195, "Staff Plans to Use Temporary Instruction for Verification of Licensee Implementation of Power Reactor Security Interim Compensatory Measures and as Temporary Replacement of the Physical Protection Baseline Inspection Program," dated November 1, 2002. Accordingly, the security baseline inspection program was completed at all sites in CY 2002, and is planned to be completed again in CY 2003. Additionally, the force-on-force pilot exercises planned for CY 2003 will provide additional insights into licensee protection, response, and mitigative strategies and possible baseline inspection program and SDP enhancements.

All inspection program metrics met their established criteria. However, the percentage of findings documented in accordance with program requirements was not analyzed in CY 2002 because the inspection report audits were temporarily suspended due to the significant changes to IMC 0612. The staff will re-commence auditing the inspection reports in CY 2003. Based on the results of the internal survey, NRC inspectors and other internal stakeholders generally believed that the inspection program adequately covers areas that are important to safety. The survey indicated that the vast majority of internal stakeholders felt that inspection results were communicated accurately and in a timely fashion. Based on the results of the external survey, stakeholders generally agreed that the information in the inspection reports was useful and timely.

The baseline inspection program was completed at all plants in CY 2002, though resource challenges were experienced and additional assistance outside the regions was necessary in some cases. Inspection resources were challenged during CY 2002 due to a greater than anticipated inspection effort resulting from inspection findings and performance issues (e.g., at Indian Point 2 and Cooper Nuclear Station), the effort required at Davis-Besse for the restart inspections to support IMC 0350, "Oversight of Operating Reactor Facilities in a Shutdown Condition With Performance Problems," and a shortage of qualified inspectors. The annual review of resident demographics showed that challenges still remain in some regions in staffing the sites with experienced and qualified resident inspectors, and the staff continues to review various personnel staffing policy options to ensure the continuity of staffing is maintained at each site. Further discussions and analyses of ROP resources and resident inspector demographics are contained in separate sections of and attachments to this paper.

In conclusion, the inspection program continues to meet the established goals. Planned changes to the program will be made to reflect lessons learned resulting from the Davis-Besse event as well as continuing feedback from the regions through their implementation of the ROP.

Significance Determination Process

In SECY-02-0062, the staff described significant initiatives to improve the SDP process. The Significance Determination Process Improvement Initiative, including a task action plan, identified a course of action to improve the effectiveness and the efficiency of the process. These included (1) improving timeliness in issuing final SDP results, (2) reducing the complexity of the Fire and Shutdown SDPs, (3) enhancing inspector training, (4) improving the reliability of the risk-informed inspection notebooks used to risk-inform findings identified in the area of reactor safety during operations (benchmarking), (5) standardizing the Phase 3 risk analysis methods, and (6) providing guidance for assessing the risk significance of concurrent performance deficiencies. As for the other SDPs, such as those for emergency preparedness, occupational radiation safety, and public radiation safety, the staff committed to improve those processes based on stakeholder feedback generated since implementation.

To address the above concerns, the staff completed the following actions during the past year:

- As part of the SDP Improvement Initiative, established the SDP Active Issues Tracking Matrix to monitor SDP performance in meeting timeliness goals and to improve management focus on early resolution of specific technical questions and internal staff disagreements.

- Continued cooperation with internal and external stakeholders to develop tools and clear guidance for evaluating inspection findings in the areas of fire, shutdown, containment, steam generator tube integrity, the maintenance rule, and spent fuel storage.

- Provided Web-based and classroom training to inspectors for implementing the SDP guidance for reactor safety findings using IMC 0609 Appendix A, “Significance Determination of Reactor Inspection Findings for At-Power Situations.”

- Continued benchmarking activities to improve the accuracy and reliability of the Phase 2 risk notebooks for at-power reactor safety inspection findings. Completed benchmarking of 48 Phase 2 risk notebooks with the remaining 23 risk notebook benchmarking visits scheduled for completion during FY 2003.

- Issued revisions to IMC 0609 Appendix C, “Occupational Radiation Safety Significance Determination Process,” and Appendix D, “Public Radiation Safety Significance Determination Process,” to address changes to the regulatory requirements related to shallow skin dose limits and weaknesses related to evaluating issues involving control of radioactive material within licensees’ protected and restricted areas, respectively. These changes were developed to further refine and clarify SDP guidance, to incorporate lessons learned, and to address perceived inconsistencies associated with the significance of findings.

- Drafted a revision to IMC 0609 Appendix B, “Emergency Preparedness Significance Determination Process,” to incorporate lessons learned and input from inspectors and industry stakeholders regarding significance levels to align with other cornerstones and provide a path for White significance for the planning standards of 10 CFR 50.47(b).

During CY 2002, the SDP continued to be effective in assigning risk-informed significance levels to findings in a manner that was understandable and repeatable by all stakeholders. The SDP succeeded in meeting the ROP objectives and contributed to the staff’s efforts to characterize the significance of inspection findings, facilitate stakeholder communication, and provide a basis for assessment and enforcement actions. However, concerns were raised by internal and external stakeholders regarding the completeness and complexity of the Phase 2 SDP process.

To address these concerns, the staff developed enhancements to the risk-informed SDP that were incorporated into the revision of IMC 0609, Appendix A. The document clarified the handling of concurrent multiple equipment functional degradations; enhanced the Phase 2 usage instructions (e.g., converted from an alphanumeric to a fully numeric sequence contribution counting format and a counting rule worksheet); and incorporated 13 special-case usage rules with bases and an example for each rule. Web-based and classroom training were provided for this revised guidance.

To address program weaknesses identified by internal review panels and an audit by the Office of the Inspector General (OIG), the Executive Director for Operations (EDO) directed the formation of an SDP Task Group (SDPTG) to conduct an independent and objective review of the SDP. The SDPTG completed its review of the process and issued a final report which provided observations, conclusions, and recommendations to address underlying concerns, including whether the current Reactor Safety Phase 2 approach should be continued, modified, or replaced. The SDPTG concluded that the SDP was successful in meeting the ROP objectives of providing a more objective, understandable, and risk-informed process. However, a number of recommendations were identified to improve the overall effectiveness of the process. The staff is currently evaluating this report. Recommendations made by the SDPTG that are not already addressed by the SDP Improvement Initiative will be evaluated and incorporated, as appropriate.

Despite the overall ability of the SDP to meet its objectives, SDP metrics and feedback from internal and external stakeholders indicated a continuing challenge to improve the overall efficiency of the SDP, the consistency of finding significance across cornerstones of safety, and the usefulness of the Phase 2 risk notebooks.

The results of the internal and external surveys indicate that respondents continue to have mixed feelings about the effectiveness of the SDP. Power reactor licensees and industry organizations noted that the SDP was effective in enabling the NRC and external stakeholders to objectively determine the significance of performance issues, which served to focus regulatory and licensee actions on issues of greatest safety significance. Public interest groups and some internal respondents expressed concerns regarding the independence of the SDP and a perceived heavy reliance on licensee information to reach a final SDP outcome. Internal NRC respondents continued to express concerns regarding the complexity of the SDP Phase 2 process and the desire to have an automated process for establishing a preliminary risk estimate. The staff also

continued to have reservations about the SDP Phase 2 risk notebook results since onsite benchmarking had not been completed at all sites.

The SDP metrics monitoring stakeholder perception of the consistency of SDP finding significance across cornerstones, the staff's proficiency in using the SDP, SDP timeliness, and accuracy of SDP results reported on the NRC Web pages did not meet established program goals. These concerns are discussed in further detail below.

Analysis of external stakeholder responses to a November 2002 FRN survey indicated that industry respondents perceived that color findings were not consistent across cornerstones and are dissatisfied with the outcomes of the Emergency Preparedness, Public Radiation Safety, and Physical Protection SDPs. The respondents noted that these SDPs were not risk-informed, but "a deterministic escalation for various types of regulatory noncompliance," and in general, stated that these SDPs were too subjective. Industry respondents also stated that non-green thresholds for these SDPs overstated the significance of findings. No other specific comments regarding the significance of findings across cornerstones were provided by other external stakeholders.

A review of the data for the past self-assessment period indicated that the metric for monitoring timely completion of significance determinations has not met the established target goal. The Commission directed the staff to improve SDP timeliness consistent with established performance goals (i.e., 100 percent within 90 days) as noted in the Staff Requirements Memorandum (SRM) dated August 2, 2001. As a result, the staff established the criteria for measuring SDP timeliness as the final issuance of all SDP results within 90 days of documenting the finding and notifying the licensee in docketed correspondence. However, the staff recognized that this goal was difficult to achieve and that a more realistic minimal acceptable performance criteria should be established.

While SDP timeliness is important, it is the NRC's responsibility to provide the most accurate assessment of the significance of findings based on available information, and there is often a great deal of complexity and uncertainty associated with the technical factors that determine the underlying assumptions and final SDP results. Accordingly, the staff currently believes that the appropriate minimum acceptable performance criteria for monitoring the SDP timeliness should initially be set at 75 percent for FY 2003 and adjusted upward by 5% during successive years to a final value of 90% in FY 2006 and beyond. These performance goals were included in NUREG-1100, Volume 19, "Budget Estimates and Performance Plan - - Fiscal Year 2004," dated February 2003. However, the uncertainties and complexity associated with the technical factors often inherently constrain the process, especially in cases contested by the licensees. Therefore, the staff will monitor these goals closely, and if found to be impracticable, the staff will consider adjusting the goals in future years as necessary to support consistently clear communication between our stakeholders to ensure that significance determinations are soundly based and that information made available to the public is accurate and complete.

During this assessment period, approximately 60 percent of the final SDP results for issues having more than very low safety significance were issued within 90 days. Completion times have ranged from 20 days to more than a year for SDP evaluations, with an average value of 106 days. Although there has been noted improvement over the last ROP cycle, SDP timeliness is a continuing challenge that is being monitored through the use of the SDP Active Issues Matrix

which was developed to focus regional and headquarters management attention on prompt resolution of more risk significant issues.

The staff has also monitored the frequency of changes in the preliminary to final SDP determinations to confirm that no unintended consequences are experienced as a result of the staff's efforts to improve SDP timeliness. Of the 29 issues evaluated by the Significance and Enforcement Review Panel (SERP), only 5 resulted in a reduction in the final significance determination as compared to the preliminary SDP results when additional relevant information was provided by the licensee, and meeting timeliness goals were not a factor.

During the current assessment cycle, two instances were identified in which the status of documented inspection findings reported on the NRC's external Web site was unclear (i.e., preliminary vs. final). In one instance, the final determination was not posted to the Web in a timely manner. In the other instance, the issue was double-counted and placed in the wrong quarter on the Web site. Quarterly audits identified both issues and the information on the Web was corrected immediately. Although performance in this area has improved, the staff is still not meeting the established goal. To address these issues, the staff has initiated and implemented a new internal process to further ensure the accuracy of the findings on the ROP Web page. This process has been included in the draft IMC 0306, "Information Technology Support for the Reactor Oversight Process," which is currently under review and should be issued in CY 2003.

In the upcoming year, the staff plans to continue implementation and enhancement of the SDP Improvement Initiative, including completing the Phase 2 risk notebook benchmarking efforts, beginning to standardize the methodology for completing Phase 3 risk evaluations, and improving the quality of the Standardized Plant Analysis Risk (SPAR) models that are critical to the process. The staff further plans to complete development of SDPs for inspection findings related to the Maintenance Rule, steam generator tube integrity, and spent fuel, and finalize revisions to the Fire, Shutdown, and Containment SDPs. The staff is also evaluating the adequacy of the guidance for the Interim Physical Protection SDP to refine and enhance the SDP in light of the current threat environment, potential changes in the design basis threat, and other considerations. The staff will also continue efforts to clarify the As Low As Reasonably Achievable (ALARA) SDP regarding the concept of "issues that could or do compromise the licensee's ability to assess dose" and how this concept is to be applied in determining the significance of inspection findings. Finally, the staff will continue to review and evaluate the adequacy of the guidance for the Emergency Preparedness SDP and (1) incorporate lessons learned and input from inspectors and industry stakeholders, (2) review significance levels and adjust, as appropriate, to align with significance of findings in other cornerstones, and (3) provide a path for White significance for the planning standards of 10 CFR 50.47(b).

Assessment Program

In SECY-02-0062, the staff described the status of the ROP assessment program and identified issues for staff action over CY 2002. Among the more significant issues identified in the Commission paper and the subsequent SRM were the needs to (1) add criteria for exiting the multiple/repetitive degraded cornerstone column of the Action Matrix, (2) provide clarifying guidance on the criteria and processing of old design issues, (3) evaluate changing the approval level for Action Matrix deviations, and (4) develop decision-making criteria for situations where a

supplemental inspection need not be performed. A more complete listing of previous issues and details concerning the staff's actions is contained in Attachment 2. The latest revisions of IMC 0305, "Operating Reactor Assessment Program," and IMC 2515, "Light Water Reactor Inspection Program - Operations Phase," address these issues as well as clarifying when inspection findings are counted in the assessment program and incorporating lessons learned from the mid-cycle and end-of-cycle review meetings.

For the period covered by this self-assessment, all of the self-assessment metrics in the assessment area met their established criteria or goals. Examples of the assessment program metrics include (1) the number of deviations from the Action Matrix, (2) the number of significant departures from the requirements of IMC 0305 and IMC 0350, (3) the appropriateness of actions taken for greater-than-green performance indicators and findings, (4) the number and scope of any additional actions recommended at the Agency Action Review Meeting (AARM), (5) the number of times the timeliness goals for the assessment program are not met, (6) the timeliness of completing supplemental inspections for risk-significant PIs and inspection findings, and (7) the number of times plants move more than one column to the right in the Action Matrix from one quarter to the next. Attachment 3 to this paper provides the results for each of the assessment program metrics. Two other metrics, discussed below, evaluate feedback received from internal and external stakeholders.

Participants in the internal and external ROP surveys were asked (1) if the ROP takes appropriate actions to address performance issues for those licensees that fall outside of the licensee response column of the Action Matrix, and (2) if the information contained in assessment reports relevant, useful, and written in plain language.

Greater than seventy percent of the internal survey respondents agreed that the ROP takes appropriate action for those plants outside of the licensee response column of the Action Matrix. However, some of the additional staff comments indicated a level of concern with the ability of the NRC to detect declining performance in a timely manner (as indicated by the reactor vessel head degradation discovered at Davis-Besse), and whether the ROP is capable of detecting these sort of events. On this same question in the external survey, the industry and two States responded positively and the public interest groups were generally negative. Two public interest groups stated that the NRC was not taking actions mandated by the Action Matrix but merely changing the colors of the inspection findings to justify the desired response in the Action Matrix.

Nearly seventy percent of the internal survey respondents agreed that the assessment reports are relevant, useful, and written in plain language. On this same question, public interest groups were mixed in their responses to the external survey. One public interest group responded positively but two others added that the assessment letters were of little value. The industry responded positively but added that the annual public meetings should be used as an opportunity for public outreach. One industry participant added that annual public meetings should be eliminated for plants that have all green performance indicators and inspection findings. Responses from State regulators were generally positive and recognized an improvement in assessment report quality over the last few years.

Future staff work on the assessment program over the next year will include consideration of adjusting the public meeting frequency for plants that have remained in the licensee response

column of the Action Matrix during the entire assessment year, evaluating the treatment of substantive cross-cutting issues, and enhancing IMC 0350 for oversight of shutdown reactors with performance problems. The staff will continue to monitor the ROP to determine if any changes should be made to the guidance on old design issues, Action Matrix deviations, or supplemental inspections. The latest revision of IMC 0305, dated February 19, 2003, added guidance for removing plants from the multiple/repetitive degraded cornerstone column of the Action Matrix. The staff will monitor the effectiveness of this recent change and make adjustments to the guidance, as necessary.

Overall, the assessment program is meeting the agency's goal of maintaining safety, using NRC resources efficiently and effectively, enhancing public confidence, and reducing unnecessary regulatory burden. The program is also meeting the objectives established for the ROP of being objective, risk-informed, understandable, and predictable. However, the reactor vessel head degradation discovered at Davis-Besse has raised some significant concerns with the staff and external stakeholders. As a result, the staff intends to make appropriate changes to the assessment program based on the evaluation of the DBLLTF recommendations.